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04-23-01

PTO/SB/05 (11-80)
Approved for use through 10/31/2002. OMB 0651-0012
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| | |
|------------------------|---------------------------------------|
| Attorney Docket No. | 8079M |
| First Inventor | Debra Sue Caswell |
| Assignee | The Procter & Gamble Company |
| Title | LAUNDRY SYSTEM HAVING UNITIZED DOSING |
| Express Mail Label No. | EK596291266US |

APPLICATION ELEMENTS
See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status
(see 37 CFR §1.27)
3. ☒ Specification Total Pages [167]
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC §113) Total Sheets 1
5. Oath or Declaration Total pages ☐
 - a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 18 complete)
 - i. ☐ DELETION OF INVENTORS
Signed statement attached deleting inventor(s)
named in the prior application,
see 37 CFR §§1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR §1.76
7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ Paper
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in the preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. 1

Prior application information:

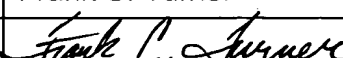
Examiner: _____

Group/Art Unit: _____

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

| | | | | | |
|---------|-------------------------------|-----------|--------------|----------|--------------|
| NAME | Frank C. Turner | | | | |
| | The Procter & Gamble Company | | | | |
| | Sharon Woods Technical Center | | | | |
| ADDRESS | 11520 Reed Hartman Highway | | | | |
| CITY | Cincinnati | STATE | Ohio | ZIP CODE | 45242 |
| COUNTRY | US | TELEPHONE | 513-626-3388 | FAX | 513-626-1933 |

| | | | |
|-------------------|---|-----------------------------------|----------------|
| Name (Print/Type) | Frank C. Turner | Registration No. (Attorney/Agent) | 39,863 |
| Signature |  | Date | April 20, 2001 |

+ Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

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FEE TRANSMITTAL **for FY 2001**

Patent fees are subject to annual revision.

Complete if Known

| | |
|----------------------|---------------------------|
| Application Number | |
| Confirmation Number | |
| Filing Date | |
| First Named Inventor | DEBRA SUE CASWELL, et al. |
| Examiner Name | |
| Group/Art Unit | |
| Attorney Docket No. | 8079M |

TOTAL AMOUNT OF PAYMENT (\$3374.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

☒ Charge Any Additional Fee Required Under status. See 37 CFR §127
37 C.F.R. §§1.16 and 1.17

FEE CALCULATION

BASIC FILING FEE – Large Entity

| Code | (\$) | Fee Description | Fee Paid |
|------|------|------------------------|----------|
| 01 | 710 | Utility filing fee | [710] |
| 06 | 320 | Design filing fee | [] |
| 07 | 490 | Plant filing fee | [] |
| 08 | 710 | Reissue filing fee | [] |
| 14 | 150 | Provisional filing fee | [] |

SUBTOTAL (1) (\$)[710.00]

2. EXTRA CLAIM FEES – Large Entity

| | | Extra | Below | Fee |
|--------------------|----------------------|--------|-------|----------|
| | | Claims | Fee | Paid |
| Total Claims | [128] - 20** = [108] | x | [18] | = [1944] |
| Independent Claims | [12] - 3** = [9] | x | [80] | = [720] |
| Multiple Dependent | | [] | = | [] |

** or number previously paid, if greater; For Reissues, see below

| Code | (\$) | Fee Description |
|------|------|---|
| 103 | 18 | Claims in excess of 20 |
| 102 | 80 | Independent claims in excess of 3 |
| 104 | 270 | Multiple dependent claim, if not paid |
| 109 | 80 | **Reissue independent claims over original patent |
| 110 | 18 | **Reissue claims in excess of 20 & over original patent |


SUBTOTAL (2) (\$)[2644]

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Code | (\$) | Fee Description | Fee Paid |
|------|--------|--|----------|
| 105 | 130 | Surcharge-late filing fee or oath | [] |
| 127 | 50 | Surcharge-late provisional filing fee or cover sheet | [] |
| 139 | 130 | Non-English specification | [] |
| 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination | [] |
| 112 | 920* | Requesting publication of SIR prior to Examiner's action | [] |
| 113 | 1,840* | Requesting publication of SIR after Examiner's action | [] |
| 115 | 110 | Extension for reply within 1 st month | [] |
| 116 | 390 | Extension for reply within 2 nd month | [] |
| 117 | 890 | Extension for reply within 3 rd month | [] |
| 118 | 1,390 | Extension for reply within 4 th month | [] |
| 128 | 1,890 | Extension for reply within 5 th month | [] |
| 119 | 310 | Notice of Appeal | [] |
| 120 | 310 | Filing a brief in support of an appeal | [] |
| 121 | 270 | Request for oral hearing | [] |
| 138 | 1,510 | Petition to institute a public use proceeding | [] |
| 140 | 110 | Petition to revive - unavoidable | [] |
| 141 | 1,240 | Petition to revive - unintentional | [] |
| 142 | 1,240 | Utility issue fee (or reissue) | [] |
| 143 | 440 | Design issue fee | [] |
| 144 | 600 | Plant issue fee | [] |
| 122 | 130 | Petitions to the Commissioner | [] |
| 123 | 50 | Petitions related to provisional applications | [] |
| 126 | 240 | Submission of IDS per property (times number of properties) | [] |
| 146 | 710 | Filing a submission after final rejection (37 CFR § 1.129(a)) | [] |
| 149 | 710 | For each additional invention to be examined (37 CFR § 1.129(b)) | [] |
| 179 | 710 | Request for Continued Examination (RCE) | [] |
| 169 | 710 | Request for expedited examination of a design application | [] |
| | | Other fee (specify) | [] |
| | | Other fee (specify) | [] |

* Reduced by Basic Filing Fee Paid **SUBTOTAL(3) (\$) []**

| SUBMITTED BY | | | Complete (if applicable) | |
|-------------------|---|-----------------------------------|--------------------------|--------------------------|
| Name (Print/Type) | Frank C. Turner | Registration No. (Attorney/Agent) | 39,863 | Telephone (513) 626-3388 |
| Signature |  | Date | April 20, 2001 | |

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